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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SWART BAUMRUK & COMPANY, LLP
Account Number : 120000000291
Phone : (407) 847-7466
Fax Number : (407) 847-6641

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
M M & G, LLC

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Help

Fm:Swart Baumruk & Company - fax 407-847-6641 To:M M & G LLC Change of Registered Agent faxed to 09:15 03/01/12 EST Pg 2-3

((H12000054769 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M M & G, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Candy McDonah

Name of Person

Swart Baumruk & Company LLP

Firm/Company

1101 Miranda Lane

Address

Kissimmee, FL 34741

City/State and Zip Code

taxes@sbc-cpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Candy McDonah

Name of Person

at (407)

847-7466

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:



\$25 Filing Fee



\$55 Filing Fee & Certified Copy

Fm:Swart Baumruk & Company - fax 407-847-6641 To:M M & G LLC Change of Registered Agent faxed to 09:15 03/01/12 EST Pg 3-3
(((H12000054769 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: M M & G, LLC
2. (a) Principal office address of limited liability company: 3300 Morningside Dr
Kissimmee, FL 34746
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: PO Box 450475
Kissimmee, FL 34745-0475
(Note: MAY BE POST OFFICE BOX)
- February 17, 2012 L11000144226
3. Date of filing/registration in Florida 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: Miguel Abreu
- Registered Office Address: 3540 Valleyview Drive
Kissimmee, FL 34746
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: Swart Baumruk & Company LLP
- NEW Registered Office Address: 1101 Miranda Lane
Kissimmee, FL 34741
(MUST BE FLORIDA STREET ADDRESS)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mark D. Taliento
Signature of a member or authorized representative of a member

Mark D. Taliento, Manager
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Chang Shu
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00